Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document	
1. Agency Name			Date Stamp	California Ong	
County of Los Angeles				Form 802	
Division, Department, or Region (If Applicable)			For Official Use Only	
Board of Supervisor, First District	THE RESERVE OF THE PARTY OF THE				
Designated Agency Contact (Name, Title)			<u></u>		
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail				ovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			16	8.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	8.00	
Event Description LA Phil Provide Title/Expl	anation	Date(s) 04	05 2019		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sour	се	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	st, First)	
3. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
Staff	2	Per ticket policy 5.3 (3 (k)		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	g:	
	Pass(es)	Ceremonial Role	Other all Role" or "Other" describe below:	Income	
		Ceremonial Role	Other al Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy	
Versition of the second					
. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942 have v	erified that the distribution set for	orth shove is in asserdance will	the manifement	
Barbara		1 1	t Administrator	04/15/2019	
Signature of Agency head or Designee	Print Nan		Title		
			ine	(Month, Day, Year)	
Comment:					

Ceremoniai Role Even	is and lick	eurass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles				8	Form OUZ
Division, Department, or Regi	on (If Applicable)				For Official Use Only
Board of Supervisor, First Dis	trict				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Admin	istrator			C Amandment (Must am	ovide explanation in Part 3.)
Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
213-974-4111	bgarcia@bos.la	acounty.go	ΟV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform				16	58.00
Does the agency have a ticker	t policy?	es⊠ No		f Each Ticket/Pass \$	
Event Description LA Phil	Provide Title/Explana	ation	Date(s) 04	,05 ,2019	
Ticket(s)/Pass(es) provided by	-	es□ No	I A Phil		
Honoi(a)/H dad(ca) provided by	, agency: Y	es 🔲 No	N 110.	Name of Sour	rce
Was ticket distribution made a of agency official?	t the behest	Vo⊠ Yes	If yes:	Official's Name (La	act Siret
				Oniciai's Name (La	151, F1151)
 Recipients Use Section A to identify the agency 	's department or un	it. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	()	lic purpose made pursuant t	The second second
Staff		2	Per ticket policy 5.3 ((k)	Barrier Barrie
B. Name of Individua	1	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin Other	ig:
			Ceremonial Role	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and desi		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
I. Verification					
I have read and understand IPPC Regul	Barbara (Ticke	orth above, is in accordance with t Administrator Title	the requirements. 04/15/2019 (Month, Day, Year)
Comment:					

Country of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, 1949) Barbara Garcia, Ticket Administrator Area Code/Phone Number		ckeur as	e i o i a i i a i a i a i a i a i a i a i		A Public Docume		
Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name: Pite) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (Nont), Cay, Year) Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Provide TitleExplanation Ticket(S)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ Was ticket distribution made at the behest No Yes If no: LA Phil Was ticket distribution made at the behest No Yes If yes: Official's Name (Last, First) Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(a)/Pass(es) B. Name of Agency, Department or Unit Number of Ticket(a)/Pass(es) B. Name of Outside Organization Number of Ticket(a)/Pass(es) Ceremonial Role Cither Income # Concessor Tuermonal Role	Agency Name			Date Stamp	California Q 🔿		
Board of Supervisor, First Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number	County of Los Angeles				Form OUA		
Designated Agency Contact (Name, Title)	Division, Department, or Region (If Applicab	vision, Department, or Region (If Applicable)					
Barbara Garcia, Ticket Administrator Area Code/Phone Number F-mail bgarcia@bos lacounty.gov bate of Original Filling: (Aboth, Day, Year) Prunction or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description A Phil Provide Title#Explanation Face Value of Each Ticket/Pass \$ Ticket(s)/Pass(es) provided by agency? Yes No Pass No Pass No Pass No Pass Was ticket distribution made at the behest of agency official? No Yes No Pass No Pass No Pass Was ticket distribution made at the behest of agency of agency official? No Yes No Pass Was ticket distribution made at the behest of agency official? No Yes No Pass Was ticket distribution made at the behest of agency official? No Yes No Yes No Pass Was ticket distribution made at the behest of agency official? No Yes No Yes No Yes No Pass Was ticket distribution made at the behest of agency of agency official? No Yes No Yes No Yes No Yes No No Yes No	Board of Supervisor, First District			Δ			
Area Code/Phone Number E-mail Dgarcia@bos.lacounty.gov Date of Original Filing: (Month. Day, Year) Date of Original Filing: (Month. Day, Year) (Month. Day, Year) Date of Original Filing: (Month. Day, Year) (Month. Day, Year) Date of Original Filing: (Month. Day, Year) Date of Control of Salary Date of Original Filing: (Month. Day, Year) Date of Original Filing: (Month. Day, Yea	Designated Agency Contact (Name, Title)						
Date of Original Filling: (Month, Day, Year)	Barbara Garcia, Ticket Administrator			Amendment (Must arr	Dyido explanatios is Part 21		
Function or Event Information Does the agency have a ticket policy? Event Description A Phil Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Phil Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual Last, Frag Pass(es) Pass(es) Perticket policy 5.3 (k) B. Name of Individual Last, Frag No Name of Outside Organization (include address and description) Name of Outside Organization (include address and description) Name of Outside Organization Number of Ticket(s)/Pass(es) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income In				Minerial inent product pro	ovide explanation in Part 3.)		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass 168.00		s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)		
Event Description LA Phil Provide TitletExplanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ Ticket(s)/Pass(es) provided by agency? Yes \ No \ Yes \ Ye				16	S8 00		
Ticket(s)/Pass(es) provided by agency? Yes No If no: A Phil	Does the agency have a ticket policy?	Yes⊠ No		f Each Ticket/Pass \$	00.00		
Ticket(s)/Pass(es) provided by agency? Yes No If no: A Phil Name of Source Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Jast Frei) Income of Ceremonial Role Other Other describe below. C. Name of Outside Organization Ticket(s) Pass(es) Number of Ceremonial Role Other Other describe below. C. Name of Outside Organization Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification Describe the public purpose made pursuant to the agency's policy Pass(es) Final Pass (es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification Barbara Garcia Ticket (Administrator Other Describe Descri	Event Description LA Phil	-lanation	Date(s) 04	,05 ,2019			
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Lest, First) No Yes If yes: Official's Name (Lest, First) Recipients Ves Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Teketisy Describe the public purpose made pursuant to the agency's policy Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, First) Identify one of the following: Income if the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior describe below: Income If the behavior described			I A Phi				
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es)	ricket(s)/Pass(es) provided by agency?	Yes No	If no:		rce		
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es)	Was ticket distribution made at the behest	No X Yes	If yes:				
Name of Agency, Department or Unit Name of Individual Name of Ind		110= 100	in yes.	Official's Name (La	ast, First)		
A. Name of Agency, Department or Unit Number of Pass(es) Per ticket public purpose made pursuant to the agency's policy	Recipients						
Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (last, Fest) Income if the following: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other" describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Role Other Income if the classifier or "Other describe below: Ceremonial Rol	La company of the com		ection B to identify an individu	al. • Use Section C to identif	y an outside organization.		
B. Name of Individual (Last, First) Number of Ticket(s) Pass(es)	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Number of Outside Address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification have yeard and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Distribution Stroket Administrator Od/15/2019	Staff	2	Per ticket policy 5.3 (k)			
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Signalum of Agency Head or Pesinge				Identify one of the followin	a:		
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification have yead and understand IFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 04/15/2019	(Last, First)	Pass(es)	Ceremonial Role	Other	Income		
Number of (include address and description) Number of Ticket(s)/ Pass(es) Pescribe the public purpose made pursuant to the agency's policy Pass(es) Verification have yead and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 04/15/2019			If checking "Ceremoni	al Role" or "Other" describe below:			
Verification have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket (s)/ Pass(es) Describe the public purpose made pursuant to the agency is policy Pass(es) Od/15/2019			0.009 4650 4650 4600 500 4000 4000 4000 4000		Income		
Verification have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 04/15/2019	C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy		
have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Distribution of Agency Head or Designee Distribution		. 200(00)					
have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Distribution of Agency Head or Designee Distribution							
Barbara Garcia Ticket Administrator 04/15/2019	Verification	d 18942 have w	erified that the distribution and fa	dh shovo io in oi	44.		
Signature of Agency Head or Designee Door Name			The second secon				
(month, buy, real)	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)		
	Comment:				Annual Control of the		

eremonial Role Events and 11c	KeuPass	Distributions		A Public Documen	
Agency Name	Agency Name				
County of Los Angeles				Form 802	
Division, Department, or Region (If Applicable))			For Official Use Only	
Board of Supervisor, First District	College Colleg				
Designated Agency Contact (Name, Title)]		
Barbara Garcia, Ticket Administrator			Amendment (Must pre	Ovide explanation in Part 3.)	
Area Code/Phone Number E-mail		THE TOTAL PARTY OF THE PARTY OF	1	y vide explanation in r art 3.7	
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information			99	0.00	
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$		
Event Description LA Phil Provide Title/Expl.	anation	Date(s) 04	,06 ,2019		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	I A Phi	l		
			Name of Sou	rce	
Was ticket distribution made at the behest of agency official?	No∑ Yes	If yes:	Official's Name (La	est, First)	
Recipients					
Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Staff	2	Per ticket policy 5.3 (k)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income	
		Ceremonial Role If checking "Ceremon.	Other Lial Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
Verification (
have read and understand FPPC Regulations 18944.1 and				the requirements.	
THE CONTRACTOR OF THE CONTRACT	a Garcia		t Administrator	04/15/2019	
	Print Nan	ne	Title	(Month, Day, Year)	
Signature of Agency Head or Designee				(world, bay, rear)	

ceremonial Role Events	and nekeurass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region	(If Applicable)		For Official Use Only	
Board of Supervisor, First Distric	:t			
Designated Agency Contact (Nan	ne, Title)			
Barbara Garcia, Ticket Administ	rator			
	mail		Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bg	garcia@bos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa	tion		00	9.00
Does the agency have a ticket po	olicy? Yes⊠ No	Face Value o	f Each Ticket/Pass \$	7.00
Event Description LA Phil		Date(s) 04	,06 ,2019	
Pro	ovide Title/Explanation	LA Phi	ı	
Ticket(s)/Pass(es) provided by ag	gency? Yes□ No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at th	e behest No⊠ Yes		vanis vi Sudi	
of agency official?	C Deficat No W Yes	If yes:	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's d	epartment or unit. • Use Se	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department o	r Unit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	g:
		1	al Role" or "Other" describe below:	income [_
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organizati (include address and descrip		Describe the pub	lic purpose made pursuant to	o the agency's policy
. Verification	s 19044 1 and 19042 I have	adead that the destrict its and	W F	
I have read and understand FPPIC Regulation	Barbara Garcia		nth above, is in accordance with t Administrator	
\$ignature of Agency Head or Designee	Print Nan		Title	04/15/2019
	, navas		ine	(Month, Day, Year)
Comment:				

Agency Name			Date Stamp	California On
County of Los Angeles				Form 80
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)				7
Barbara Garcia, Ticket Administrator				<u> </u>
Area Code/Phone Number E-mail			Amendment (Must pn	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			99	9.00
	Yes⊠ No	The second secon	of Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Expla		Date(s) 04	,06 ,2019	
		I A Phi	l	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	× If no: □	Name of Sou	rce
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes: ☐		
of agency official?			Official's Name (La	ast, First)
Recipients			"	
Use Section A to identify the agency's department or u	nit. • Use Se Number of	A STATE OF THE STA		The Same State of
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
C. C.				
Staff	2	Per ticket policy 5.3	(k)	
	N			
Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
	1 433(63)	Ceremonial Role	Other 🔲	Income
		If checking "Ceremon.	al Role" or "Other" describe below:	meome
		<u> </u>		
		Ceremonial Role If checking "Ceremonial Company Compa	☐ Other ☐ Other ☐ Other ☐ Other ☐ Other ☐ Other Delow:	Income
				Section Control of the Control of th
11				
	Number of	Describe the nub	ic purpose made pursuant to	the agency's policy
Name of Outside Organization	Ticket(s)/	Describe the bub		
C. Name of Outside Organization (include address and description)		Describe the pub		
Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub		
C. Name of Outside Organization (Include address and description)	Ticket(s)/	Describe the pub		
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the pub		
(include address and description)	Ticket(s)/	Describe the pub		
(include address and description) Verification	Ticket(s)/ Pass(es)		idh ahove is in eccondance with	
Name of Outside Organization (Include address and description) Verification have read and understand FFPC Regulations 18944.1 and 1 Barbara	Ticket(s)/ Pass(es)	arified that the distribution set fo	nth above, is in accordance with t Administrator	

Agency Name		Date Stamp California Q
County of Los Angeles		Date Stamp California Form 80
Division, Department, or Region (If Applicabl	e)	For Official Use Only
Board of Supervisor, First District		
Designated Agency Contact (Name, Title)		
Barbara Garcia, Ticket Administrator		
Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	OV Date of Original Filing: (Month, Day, Year)
Function or Event Information		168.00
Does the agency have a ticket policy?	Yes⊠ No	
Event Description LA Phil Provide Title/Exp	Innation	Date(s) 04 07 2019
		I A Phil
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Name of Source
Was ticket distribution made at the behest	No⊠ Yes	If yes:
of agency official?		Official's Name (Last, First)
Recipients		
	Number of	ction B to identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
C+-#		
Staff	2	Per ticket policy 5.3 (k)
	Number of	
Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:
	1 433(63)	Ceremonial Role Other Income
		If checking "Ceremonial Role" or "Other" describe below:
	1	Coromosial Data Collection
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	Pass(es)	
	1	
Varification		
	18942. I have ve	erified that the distribution set forth above is in accordance with the requirements
	18942. I have ve	enflied that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 04/15/2019

Ceremonial Role Events and Th	CKeuPass	SDISTRIBUTIONS		A Public Document
1. Agency Name			Date Stamp	California Ong
County of Los Angeles			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Form 802
Division, Department, or Region (If Applicab	le)		4	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bc	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	68.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	08.00
Event Description LA Phil		Date(s) 04	,07 ,2019	
Provide Title/Exp		I A Phi	l	
Ticket(s)/Pass(es) provided by agency?	Yes No	lf no: ☐	Name of Sou	ırce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	Contractor		Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremonial"	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
. Verification				
I have read and understand RPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Barbar	a Garcia	1 1	t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Docume
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OU
Division, Department, or Region (If Applicable)		4	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator	000000000000000000000000000000000000000			
Area Code/Phone Number E-mail			Amenament (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			1	68.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	08.00
Event Description LA Phil Provide Title/Expl.	anation	Date(s) 04	,07 ,2019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: LA Phi	Name of Soi	Urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
Recipients	W- X. W			
Use Section A to identify the agency's department or it.	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income [
		Ceremonial Role	Other Lial Role" or "Other" describe below:	Income [
		" Orcaving Colemon	ia Note of Other describe below.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and	18942 have w	rified that the distribution and the	orth phoyo is in case when we	44.
Barbara			onn above, is in accordance with t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
I have read and understand FPPC Regulations 18944.1 and Barbara	a Garcia	Ticke	t Administrator	04/15/201

eremonial Role Events and	TIONOGI GO			A Public Documer
Agency Name	_		Date Stamp	California 802
County of Los Angeles				Tollin
Division, Department, or Region (If App	olicable)]	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)		1	
Barbara Garcia, Ticket Administrator			L	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213-974-4111 bgarcia	@bos.lacounty.g	ov	Date of Original Filing	: (Month, Day, Year)
Function or Event Information				168.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	108.00
Event Description LA Phil		Date(s) 04	,09 ,2019	
	le/Explanation			
Ticket(s)/Pass(es) provided by agency?	? Yes□ No	If no: LA Phi	Name of S	
Was ticket distribution made at the beh	est No Yes	п.,	ivame of S	ource
of agency official?	No凹 Yes	□ If yes: L	Official's Name	(Last, First)
Recipients				
 Use Section A to identify the agency's department 	ent or unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon.	Other Use Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
/erification				
have lead and understand FIPPC Regulations 18 <u>944</u>	.1 and 18942. I have ve rbara Garcia Print Nam	Ticke	orth above, is in accordance wi t Administrator	oth the requirements. 04/15/2019

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	
	County of Los Angeles				Form 802
	Division, Department, or Region (If Applicable	·)			For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number E-mail		\$2.3.00 May 100	Amendment (Must p	rovide explanation in Part 3.)
	213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	
2.	Function or Event Information				(Month, Day, Year)
		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	68.00
	D1000000000000000000000000000000000000	rese No		,09 2019	
	Event Description LA Phil Provide Title/Expla	anation	Date(s) 04	1/09 /12019	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phil		
	,			Name of Soi	<i>Irc</i> e
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	□ If yes: □		
		***		Official's Name (L	.ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Se Number of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Staff	2	Per ticket policy 5.3 (k)	
				,	
	B. Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income .
			If checking "Ceremonia	al Role" or "Other" describe below:	
			0		
			Ceremonial Role If checking "Ceremonia	Other Other	Income
1	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
	Verification 0		П		
	I have read and understant FRPC Regulations 18944.1 and 1		erified that the distribution set for	rth above, is in accordance with	the requirements.
	Barbara	Garcia	Ticket	Administrator	04/15/2019
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
	Comment:				
	Commont.				FPPC Form 802 (4/12)
			F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

U	eremoniai Role Event	s and 11c	KeuPass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Ong
	County of Los Angeles					Form 802
	Division, Department, or Regio	n (If Applicable)			For Official Use Only
	Board of Supervisor, First Dist			The second secon		
	Designated Agency Contact (N	lame, Title)				
	Barbara Garcia, Ticket Admini	strator			[] Amondment (Must av	ovide explanation in Part 3.)
		E-mail	THE ROOM OF THE PERSON			ovide explanation in Part 3.)
	Lancata and the same of the sa	bgarcia@bos	.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				16	58.00
	Does the agency have a ticket	policy?	Yes⊠ No		f Each Ticket/Pass \$	0.00
	Event Description LA Phil	Provide Title/Expl	anation	Date(s) 04	,10 ,2019	
	Ticket(s)/Pass(es) provided by	0000 X (0000 X) = 000 X (0000 X) = 000 X (0000 X)	Yes□ No	I A Phi	TV	
		71. 17	Tes INO	1110.	Name of Sour	rce
	Was ticket distribution made at of agency official?	the behest	No⊠ Yes	☐ If yes:		
_			- William Co.		Official's Name (La	est, First)
3.	Recipients • Use Section A to identify the agency's	department or i	unit. • Use Se	ction B to identify an individu	al allsa Section C to identif	iv an outside organization
	A. Name of Agency, Department	tere a second contract of	Number of Ticket(s)/ Pass(es)	The state of the s	lic purpose made pursuant to	The second of the second of the second
	Staff		2	Per ticket policy 5.3 (k)	- Color
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role [Identify one of the followin Other	g:
				Ceremonial Role [Other all Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	Verification haveyead and understand FPFC Regulation	ons 18 <u>94</u> 4.1 and	18942. have ve	erified that the distribution set to	th shove is in accordance	the requirements
25	Indu Li	Barbara			Administrator	04/15/2019
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
(Comment:					
	20-100-00-00-00-00-00-00-00-00-00-00-00-0					

eremonial Role Events and Tid	Reuras	Distributions	A Public Documen
Agency Name		Date Stam	California 802
County of Los Angeles			Form OUZ
Division, Department, or Region (If Applicable	(e)		For Official Use Only
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number E-mail		Amendment	(Must provide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	Date of Original	Filing: (Month, Day, Year)
Function or Event Information			
Does the agency have a ticket policy?	Yes⊠ No	Face Value of Each Ticket/Pas	168.00
Event Description LA Phil Provide Title/Exp	lanation	Date(s) 04 10 2019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	× If no: LA Phil Nan	ne of Source
Was ticket distribution made at the behest of agency official?	No Yes		Name (Last, First)
Recipients			
 Use Section A to identify the agency's department or 	unit. • Use Se	ction B to identify an individual. • Use Section C	to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pu	rsuant to the agency's policy
Staff	3	Per ticket policy 5.3 (k)	
B. Name of Individual	Number of Ticket(s)/	Identify one of the	following:
	Pass(es)	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe	Income L
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pu	rsuant to the agency's policy
Verification have read and understand FIPC Regulations 18 <u>944.1 and</u>	18942. have ve	ified that the distribution set forth above is in accorde	NCB with the requirements
4 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ayy man the requirements.
(AND) Barbara	a Garcia	Ticket Administrator	04/15/2019

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
. Agency Name			Date Stamp	
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable)	- 1 4 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)		0.00		
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail	***	W. MAN AND AND AND AND AND AND AND AND AND A	Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 10	58.00
Event Description LA Phil		Date(s) 04	,12 ,2019	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
. Recipients		The same are same		
Use Section A to identify the agency's department or it.	ınit. • Use Se	ection B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy

Verification	L	Ш		
I have read and understand PPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Barbara Barbara	Garcia	Ticket	t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				
O VIIIII VIII,				

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	to and no	Reurass	Distributions		A Public Docume
Agency Name				Date Stamp	California 802
County of Los Angeles					Form 8U
Division, Department, or Reg	ion (If Applicable)		<u>]</u>	For Official Use Only
Board of Supervisor, First Dis	strict	- 10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
Designated Agency Contact	Name, Title)				
Barbara Garcia, Ticket Admir	nistrator				
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111	bgarcia@bos	.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform				16	58.00
Does the agency have a ticke	t policy?	Yes⊠ No		of Each Ticket/Pass \$	0.00
Event Description LA Phil	Provide Title/Expl	anation	Date(s) 04	, 12 , 2019	
Ticket(s)/Pass(es) provided by		Yes□ No	I A Phi	ĺ	
36 Mg				Name of Sour	rce
Was ticket distribution made a of agency official?	t the behest	No⊠ Yes	If yes:	Officially No. 1	
				Official's Name (La	ast, First)
Recipients • Use Section A to identify the agency	s department or	mit allsa Sa	ction B to identify an individu	unt Hon Spotian C to identify	
A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	The County of the County	lic purpose made pursuant t	National Control of the Control of t
Staff		2	Per ticket policy 5.3 ((k)	
B. Name of Individua	l	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followin Other al Role" or "Other" describe below:	g:
			Ceremonial Role If checking "Ceremonial Role of the chiral and th	Other Lal Role" or "Other" describe below:	Income
Name of Outoido O		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Name of Outside Organi (include address and desc					
(include address and desc					
(include address and descondent of the control of					
(include address and desc			edfied that the distribution set fo	rth above, is in accordance with	the requirements.
(include address and descondent of the control of	ations 18 <u>944.1 and</u> Barbara			rth above, is in accordance with t	the requirements. 04/15/2019

Agency Report of: Ceremonial Role Events and Tic	:ket/Pass	s Distributions		A Public Document
1. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must o	provide explanation in Part 3.)
Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	s Jacounty a	OV	Date of Original Filing:	TOTAL CAMINING THE STATE OF
2. Function or Event Information	s.iacounty.g		Tate or originar rining.	(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	68.00
Event Description LA Phil		Date(s) 04	13 2019	
Provide Title/Expl	lanation	LA Phil		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phili	Name of So	ource
Was ticket distribution made at the behest	No⊠ Yes	□ If yes: □		of the state of th
of agency official?		,,	Official's Name (Last, First)
3. Recipients				
• Use Section A to identify the agency's department or • Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A CONTRACTOR OF THE PARTY	ic purpose made pursuant	The second of th
Staff	2	Per ticket policy 5.3 (k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other all Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremonia	Other In the College of the College	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
. Verification				
I paye read and understand FPPC Regulations 18944.1 and Barbara	18942. I have ve a Garcia	1 1	th above, is in accordance with Administrator	h the requirements. 04/15/2019
Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisor, First District	T			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$ 16	8.00
Event Description LA Phil		Date(s) 04	13 2019	
Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phil	Name of Sour	Tre
Was ticket distribution made at the behest	No⊠ Yes	If yes:		1
of agency official?	110 === 100	- 11 yes	Official's Name (La	est, First)
. Recipients				
Use Section A to identify the agency's department or u		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
Staff	2	Per ticket policy 5.3 (k)	
			At the control of the	77.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role If checking "Ceremonia	Other Other Other" describe below:	Income
		Ceremonial Role	Other And Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy
	Pass(es)			
Verification				
I have read and understand FPPI Regulations 18944.1 and 1		erified that the distribution set for	rth above, is in accordance with t	he requirements.
Barbara	Garcia	Ticket	Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

Comment

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 8 Date Stamp County of Los Angeles Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 168.00 Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ LA Phil 04 14 2019 **Event Description** Date(s) Provide Title/Explanation A Phil Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Name of Source Was ticket distribution made at the behest No Yes If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff Per ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income ... If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification have read and understand APPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 04/15/2019 Signature of Agency Head or Designee Print Name (Month, Day, Year)

				A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applica	ble)			For Official Ose Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must on	ovide explanation in Part 3.)
Area Code/Phone Number E-mail			1	ovide explanation in Part 3.)
	os.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	F-71			58.00
Does the agency have a ticket policy?	Yes⊻ No		of Each Ticket/Pass \$	
Event Description LA Phil Provide Title/E	volanation	Date(s) 04	14 2019	
Ticket(s)/Pass(es) provided by agency?	Sec. (1990)	I A Phi	1	
	Yes□ No	<u> </u>	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No∑ Yes	If yes:		
			Official's Name (L	ast, First)
Recipients • Use Section A to identify the agency's department	orunit alleo Co	otion B to identify an individu		
	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3		
		ref ticket policy 5.5	(K)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other _	Income
the same of the sa		if checking "Ceremoni	al Role" or "Other" describe below:	-
Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
			Y 100 Y	
Verification A				Charles and the second second
have read and understand FPPC Regulations 18944.1 a				the requirements.
TANA TANA	ara Garcia	···	t Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)

Date Stamp California 802	С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Monitr, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Phil Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. Use Section B to identify an individual. • Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other Income	1.	Agency Name			Date Stamp	California OOO
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number		County of Los Angeles				A STATE OF THE PARTY OF THE PAR
Designated Agency Contact (Name, Title)				For Official Use Only		
Designated Agency Contact (Name, Title)		Board of Supervisor, First District	1			
Area Code/Phone Number E-mail Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Month, Day, Year) Event Description LA Phil Date(s) Date(s) Date(s) Date(s) Frowide Title/Explanation Provide Title/Explanation Date(s) Date(s) Date(s) Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Staff 2 Per ticket policy 5.3 (k) Describe the following: Identify one of the following: Identify one of the following: Identify one of the following: Identify one Income Inco						
Area Code/Phone Number E-mail Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (Month, Day, Year) Event Description LA Phil Date(s) Date(s) Date(s) Date(s) Frowide Title/Explanation Provide Title/Explanation Date(s) Date(s) Date(s) Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Staff 2 Per ticket policy 5.3 (k) Describe the following: Identify one of the following: Identify one of the following: Identify one of the following: Identify one Income Inco		Barbara Garcia, Ticket Administrator				
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description LA Phil Date(s) O4 14 2019 Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Identify one of the following: Pass(es) Ceremonial Role Other Income Income			CO. C		Amendment (Must p	rovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description LA Phil Date(s) 04 14 2019 Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, Fra) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Income		213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month Day Year)
Event Description LA Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes If no: No Yes No Yes Official's Name of Source Was ticket distribution made at the behest of agency official? No Yes Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Staff Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Recipients • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Identify one of the following: Income Income Income	2.	Function or Event Information				
Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Phil Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Income		Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	68.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Phil Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Income		Event Description LA Phil		Dato(s) 04	14 , 2019	
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Name of Source. No Yes Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income			anation			
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Recipients • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonial Role Other Income		Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: LA Phil		
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)' Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)' Pass(es) Ceremonial Role Other		Woo tight distribution and at the holes			Name of Soi	urge
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			NoŬ Yes	☐ If yes: ☐	Official's Name (I	act Firefl
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	2		Annie and		Omeiar 3 Name (E	.031, 1 1131/
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Staff	ა.		mit allse Se	ction B to identify an individu	12 Usa Saction C to ident	ifiyan aydaida aasaalada
Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income			Number of	The state of the second	A STATE OF THE STA	
B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income		Name of Agency, Department or Unit		Describe the pub	lic purpose made pursuant	to the agency's policy
Ticket(s)/ Pass(es) Ceremonial Role Other Income		Staff	2	Per ticket policy 5.3 ((k)	
Ticket(s)/ Pass(es) Ceremonial Role Other Income						
Ticket(s)/ Pass(es) Ceremonial Role Other Income						
Ceremonial Role Other Income		Name of Individual	Ticket(s)/		Identify one of the following	ng:
The state of the s				Ceremonial Role	Other	Income T
				If checking "Ceremoni	al Role" or "Other" describe below:	
Ceremonial Role Other Income				Caramonial Polo	Othor	
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				TO A TO A CONTROL OF THE STATE	TOTAL VILVESTALIS STATE I	Income
						A CONTRACTOR OF THE CONTRACTOR
	l		<u></u>			
Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
Pass(es)	1		rass(es)			
						The state of the s
	1					
I Vorting	_	Vanitiontian			Common Co	
Verification /nave read and understand FIPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			18942 have ve	erified that the distribution and for	dh shous is in constant	
Parhara Cardia	(/// / - 1 // /				
Signature of Agency Head or Designee Print Marco	١					
Signature of Agency head or Designee Print Name Title (Month, Day, Year)		J. J	r illi (Naffi		Title	(Month, Day, Year)
Comment:		Comment:				
FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)				F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12)

Ceremonial Role Events and Tid	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	-	For Official Use Only		
Board of Supervisor, First District	pard of Supervisor, First District			
Designated Agency Contact (Name, Title)	Pesignated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bo:	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			16	58.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	00.00
Event Description LA Phil Provide Title/Exp	lanation	Date(s) 04	,14 2019	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sour	TO
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	
. Recipients	ANTHER SECTION			
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ial. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	
Staff	2	Per ticket policy 5.3 (k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	a.
(Last, First)	Pass(es)	F	The following	y.
		Ceremonial Role L	Other	Income
		Ceremonial Role If checking "Ceremonial	Other	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
Verification	19042 / 5	See Health Control		
naveread and understand FPFC Regulations 18944.1 and	18942. I have ve a Garcia			
Signature of Agency Head or Designee	Print Nam		Administrator	04/15/2019
	/ III IVAII	The state of the s	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable Board of Supervisor, First District		For Official Use Only		
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail bgarcia@bos	lacounty.g	OV	Amendment (Must p	rovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Event Description LA Phil	Yes⊠ No		of Each Ticket/Pass \$	(Month, Day, Year)
Event Description LA Phil Provide Title/Expl Ticket(s)/Pass(es) provided by agency?		Date(s) 04		
Was ticket distribution made at the behest of agency official?	No⊠ Yes	10000	Name of Sol Official's Name (L	
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A THE WALL AND A POST OF THE PARTY	lic purpose made pursuant	The second secon
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role It checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
. Verification				
I have read and understand FFPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticket	orth above, is in accordance with t Administrator Title	04/15/2019
Comment:			THE	(Month, Day, Year)
		F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency Name			Date Stamp	California Q
County of Los Angeles				Form 80
Division, Department, or Region (If Applicable	e)		4	For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail		The state of the s	Amendment (Must pr	rovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	IOV	Date of Original Filing:	(Month Cay Year)
Function or Event Information			7	(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	9.00
Event Description LA Phil Provide Title/Exp		Date(s) 04	,19 ,2019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Ph	Name of Sou	rce
Nas ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Official's Name (L	ast, First)
Recipients				A
• Use Section A to identify the agency's department or		ection B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
3. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Use of "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
/orlfice tion				
erification PPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set for	orth above is in accordance with	the requirements
PPC Regulations 18 <u>944.1 and PPC Regulations 18944.1 and P</u>	18942. I have ve a Garcia	1 1	orth above, is in accordance with t Administrator	the requirements. 04/15/2019

Ceremonial Role Events and Tid	cket/Pass	s Distributions		A Public Documen
1. Agency Name		A Partie of the Control of the Contr	Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	le)		4	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail		28 2	Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description LA Phil Provide Title/Exp	planation	Date(s) 04	, 19 , 2019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	Name of Sou	<i>Irae</i>
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3. Recipients	C. A. BONT L. CO.			
Use Section A to identify the agency's department or		ection B to identify an individu	ıal. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	200
(Last, First)	Pass(es)			19.
		Ceremonial Role L	Other describe below:	Income
		Ceremonial Role	Other	Income
		in checking Caremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification	The state of the s			
have read and understand FPPC Regulations 18944.1 and				the requirements.
	a Garcia		: Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam	e .	Tille	(Month, Day, Year)
Comment:	-			

Comment

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 99.00 Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description LA Phil 20 04 2019 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Name of Source Was ticket distribution made at the behest No⊠ Yes□ If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Number of Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification paye read and understand FAPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Barbara Garcia Ticket Administrator 04/15/2019 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

gency Report of: eremonial Role Ev	ents and Ticket/Pass Distributi	ons	A Public Documen
Agency Name		Date Stamp	California 802
County of Los Angeles			Form OU2
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, Firs	t District		
Designated Agency Con	act (Name,Title)	SENSORE CONTRACTOR	
Barbara Garcia, Ticket Administrator		П	
Area Code/Phone Number	r E-mail	Amendment (Must	provide explanation in Part 3.)
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing:	(Month, Day, Year)

Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must prov	vide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Too.	
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$ 99.	00
Event Description LA Phil		Date(s) 04	20 ,2019	
Provide Title/Expl	anation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil	Name of Source	o .
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Las	
3. Recipients		MACCON CO.		
Use Section A to identify the agency's department or Name of Agency, Department or Unit	Number of	a Calabia and Anna Anna Anna		
Tallio of Agency, Department of Office	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
Staff	2	Per ticket policy 5.3 (k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	:
		Ceremonial Role	Other Other Other" describe below:	income
		Ceremonial Role [Other Street Other or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			A 10	
. Verification	JL			
I have lead and understand FPPC Regulations 18944.1 and	18 9 42. I have ve	erified that the distribution set for	rth above, is in accordance with th	e requirements.
Barbara Barbara		1 1	Administrator	04/15/2019
Signature of Agency Head or Designee	Print Nam	ie L	Title	(Month, Day, Year)
Comment:				

	Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documer	
Division, Department, or Region (if Applicable) For Ordinal Use City	1. Agency Name			Date Stamp		
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filing: Month, Day, Year) Provide TitleExplanation Does the agency have a ticket policy? Yes No Date(a) 20 2019 Face Value of Each Ticket/Plass \$ 168.00 Face Value of Each Ticket/Plass \$ 168.00 Ticket(s)/Plass(es) provided by agency? Yes No Mole of Aphil From LA Phil From LA	County of Los Angeles				Form OU2	
Designated Agency Contact (Name, Trile)	Division, Department, or Region (If Applicable	9)		4	For Official Use Only	
Designated Agency Contact (Name, Trile)	Board of Supervisor, First District	**************************************		1		
Area Gode/Phone Number E-mail Date of Original Filling: (Month, Day, Year)				-		
Area Gode/Phone Number E-mail Date of Original Filling: (Month, Day, Year)	Barbara Garcia, Ticket Administrator					
Date of Original Filling: Month, Cay, Year	Annual		The second secon	Amendment (Mustρ	rovide explanation in Part 3.)	
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass 168.00		.lacounty.q	ov	Date of Original Filing:		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description A Phil	. Function or Event Information				(Month, Day, Year)	
Event Description A Phil Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes If yes: No Yes No Yes If yes: Official's Name (Last, First)		Yes X No	☐ Face Value o	of Each Ticket/Pass \$	68.00	
Ticket(s)/Pass(es) provided by agency? Yes No In no: LA Phil Name of Source Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of individual (Ast. First) Number of Ticket(s)/ Pass(es) Identify one of the following:		1039 140				
Was ticket distribution made at the behest of agency official? Recipients ■ Use Section A to identify the agency's department or unit. ■ Use Section B to identify an individual. A. Name of Agency, Department or Unit Toket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Last, Fint) Number of Toket(s) Pass(es) Ceremonial Role Other Income If checking "Chemonial Role or Other describe below. Ceremonial Role or Other describe below. C. Name of Outside Organization (Include address and description) Number of Ticket(s) Pass(es) Pass(es) Verification In your bear and preparation of Regulations 18944 1 and 18942 1 have verifient that the distribution set forth above, is in accordance with the requirements. Barbara Grein Barbara Grein Describe the public purpose made pursuant to the agency's policy Verification Individual Role or Other describe below. In accordance with the requirements. Barbara Grein Describe the public purpose made pursuant to the agency's policy Pass(es) First the distribution set forth above, is in accordance with the requirements. Barbara Grein Ticket Administrator Describe the Income is accordance with the requirements. Barbara Grein Ticket Administrator Describe the Americans and Societies and Describe the Income is accordance with the requirements. Ticket Administrator	Event Description	anation	Date(s)	1,20 ,2015		
Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section C to identify an outside organization. - Name of Agency, Department or Unit - Takestey Describe the public purpose made pursuant to the agency's policy - Staff - Per ticket policy 5.3 (k) - Per ti	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		<i>Jrce</i>	
**Use Section A to identify the agency's department or unit. ** Use Section B to identify an individual. ** Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Tecket(s)		No⊠ Yes	s□ If yes: □	Officially Name (sot Fire	
Staff Describe the public purpose made pursuant to the agency's policy				Oniciai's Name (L	ast, First)	
A. Name of Agency, Department or Unit Number of Pass (es)		unit • Use Se	ection R to identify an individu	131 a lico Spation C to ident		
B. Name of Individual (Last Fast) Number of Ticket(s)/ Pass(es) Identify one of the following:		Number of Ticket(s)/				
Ceremonial Role Other Income In	Staff	2	Per ticket policy 5.3	(k)		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification I have read and Opderstand Optic Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator 04/15/2019		Ticket(s)/	# Section 100 Sect	Other		
Verification I have lead and understand APAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket (s)/ Pass (es) Describe the public purpose made pursuant to the agency's policy Verification I have lead and understand APAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. O4/15/2019			SUMMARINE PROBLEM PORCH SECOND OF	A	Income [
I have tead and understand APIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 04/15/2019	C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the publ	ribe the public purpose made pursuant to the agency's policy		
I have tead and understand APIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 04/15/2019						
I have tead and understand APIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 04/15/2019						
Barbara Garcia Ticket Administrator 04/15/2019		18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements	
Signature of Agency Head of Designee Print Manua						
tivionii. Dav feati	Signature of Agency Head Designee	Print Nam				
	Comment:					

eremonial Role Events and 110	Ketras	Sustributions		A Public Documer	
. Agency Name			Date Stamp	California Q02	
County of Los Angeles				Form OU2	
Division, Department, or Region (If Applicable		For Official Use Only			
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator			Amondment (Market		
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information			[1/	58.00	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	36.00	
Event Description LA Phil		Date(s) 04	,20 ,2019		
Provide Title/Expl		LA Phi	1		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)	
Recipients • Use Section A to identify the agency's department or	ınit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A Committee of the Comm	olic purpose made pursuant t		
Staff	2	Per ticket policy 5.3	(k)		
B. Name of Individual	Number of Ticket(s)/				
(Last, First)	Pass(es)	Identify one of the following:			
		Ceremonial Role If checking "Ceremonial Role	Other describe below:	Income	
		Ceremonial Role If checking "Ceremonial	Other Other Other describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	Describe the public purpose made pursuant to the agency's policy		
			CONTROL CANAL SOLVE STREET, ST		
Verification					
I have read and understand FPPC Regulations 18944.1 and	18 9 42. I have ve			the requirements.	
				1 1	
Barbara Barbara		Ticket	t Administrator	04/15/2019	
			t Administrator	04/15/2019 (Month, Day, Year)	